PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 DEC 28 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000000920

1. Corporation Name

HMT Inc. d-b-a
HMT Holdings Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
23832 Tomball Parkway	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tomball, TX	City & State
Zip: 77375 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/09/00

5. FEI Number: 52-2207348 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name and Address of Current Registered Agent

Name: C T Corporation System

500004749125--8
-01/03/02--01047--007
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 12/27/01
REGISTERED AGENT MUST SIGN
William C. Bradford Jr. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Please see attached list of officers and directors		500004749125--8 -01/03/02--01047--008 ******8.75 ******8.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Secretary 12/27/01 281-401-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

77-610 - 10/23/01 CT System Online

HMT INC. OFFICER INFORMATION

FEID#: 52-2207348

LAST	TITLE	DOB	HOME ADDRESS
Jones, Millard H.	President	3/1/50	87 South Longspur Dr. The Woodlands, TX 77380
Chandler, Ruston Prather	Sr. VP	6/7/48	9619 Audubon Park Drive Spring, TX 77379
Daches, Joseph	CFO	1/25/67	11810 Waterdance Lane Houston, TX 77095
Tesch, Gary Evan	VP	8/5/38	13422 Gainesway Drive Cypress, TX 77429
Spence, Scott	VP	8/26/60	102 Greenleaf Lumberton, TX 77657
Johnston, Sam E.	Secretary	4/21/51	9734 Sundew Drive Houston, TX 77070
Littrell, Kandy	Treasurer	10/4/56	14615 Cypress Valley Cypress, TX 77429
Wendell, Jonathan P.	Director	2/7/57	66 Leonard Street, Suite 10D New York, NY 10013
Jones, Millard H.	Director	3/1/50	87 S. Longspur Dr. The Woodlands, TX 77380

CT CORPORATION SYSTEM

CORPORATION(S) NAME

HMT Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/28/01

Order#: 5016253

Ref#: _____

Amount: $_____

MS

DIVISION OF CORPORATION
01 DEC 28 PM 12:37
RECEIVED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615